

Mr Peter George

Lynwood Dental Practice

Inspection Report

Lynwood
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Date of inspection visit: 15 October 2019
Date of publication: 15/11/2019

Overall summary

We carried out this announced inspection on 15 October 2019 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.

Background

Lynwood Dental Practice is in Hightown, Merseyside and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking is available near the practice. The ground floor surgery is accessible for wheelchair users.

The dental team includes two dentists, five dental nurses, three of whom are trainees, and two dental hygiene therapists. The practice has two operational treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 21 CQC comment cards filled in by patients. All patients who completed comment cards expressed positive views of the practice. We received 45 instances of positive feedback from patients, through our on-line 'Share your experience' web form. We also received seven instances of negative feedback.

During the inspection we spoke with one dentist, two dental nurses, and one dental hygiene therapist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 9am to 6pm and on Friday from 9am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. The infection control audit did not have a statement of any actions required and had not identified issues highlighted by this inspection.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available, as described in recognised guidance.
- The provider had systems to help them manage risk to patients and staff. These were not fully effective or observed by all staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures in place. These were not universally followed. Staff recruitment records were not complete.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- There was no clear system in place to monitor referrals to specialist or secondary care.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and worked towards continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided. Feedback we received from patients showed they valued the services provided by the practice. Some feedback indicated that the provider did not always manage verbal complaints effectively to resolution.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Implement processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service. Particularly, in relation to verbal feedback from patients, and recording this as a complaint, where issues raised cannot be addressed within 24 hours.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

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 provider 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. When we reviewed training records, we saw that safeguarding training for the principal dentist was last undertaken in 2015, and was overdue for renewal.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, and this was identified within dental care records.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. When we reviewed the policy, it did not give the names of organisations staff could contact to escalate concerns. We discussed these with the practice so that amendments could be made to the policy. These were made on the day of our inspection.

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These failed to demonstrate the provider followed

their recruitment procedure; not all documents as required by Schedule 3 of the Health and Social Care Act 2008 were held for the four staff files we reviewed. For example, in the case of one staff member, there was no career history, no references and no proof of address. For another staff member there was no career history, references or Disclosure and Barring Service (DBS) check. For the third staff file we reviewed we saw that there was no evidence of Hepatitis B immunity. For the fourth file we checked there was no evidence of qualifications, career history or references.

The practice did not use agency and locum staff.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

The practice had a cone beam computed tomography machine and a hand-held scanner. Staff had received training and appropriate safeguards were in place for patients and staff.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. Some review, updating and embedding of these was required so that they were universally applied and followed by all staff.

Are services safe?

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

We looked at the practice's arrangements for safe dental care and treatment. The staff did not follow relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. This stated that a move to the use of safer sharps systems was rejected due to choice of the principal dentist. However, the dental nurses were still handling and dismantling sharps. We found that risk assessments were available in respect of some staff, but not in place for others. Also, they were not always followed for those staff who did not have confirmed immunity to Hepatitis B.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were not available as described in recognised guidance. We found staff kept records of their checks on this equipment, but the list for checking against was not up to date and did not list all items, as described in recognised guidance. Items that were available were within their expiry date, and in working order, with the exception of the self-inflating bag for use on children, which we found to be out of date. Items missing included appropriate oxygen face masks with reservoir and tubing; the child size self-inflating bag was out of date; the oxygen cylinder available was 340L size, as opposed to the recommended 460L size for dental practice. Glucagon was kept in the fridge, but fridge temperature checks were being carried out weekly rather than daily and checks on the defibrillator and oxygen cylinder should be carried out daily.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. Our review of records and working patterns provided assurance that, as confirmed by the staff, there was a policy of no lone working at the practice.

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

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff 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. Due to the ongoing improvements being carried out at the practice, we spoke with the provider about the requirement for a new Legionella risk assessment, that would reflect the change to the water systems, for example, the removal of an old cylinder water heater and installation of a new combi-boiler.

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

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. When we made checks we saw that no clinical waste pre-acceptance audit had been carried out by the provider. We drew this to the attention of the practice in the feedback we provided at the end of the inspection day.

Are services safe?

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We queried this as we identified some issues that had not been picked up by the audits. We discussed with the provider how audit could be improved, to include focus on areas for action. For example, the lack of clinical waste pre-acceptance audits, and the need for an updated Legionella risk assessment.

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 individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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 provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

Where there had been a safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team. However, steps to prevent such occurrences happening again in the future, for example, in the case of sharps injuries, were not fully implemented. In the case of some sharp's injuries, risk assessments had not been re-visited to ensure that risks related to this were minimised as far as possible.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. These were not always shared with the team. The provider confirmed that their current way of receiving alerts would be reviewed to ensure all staff had sight of these. We did note that all relevant alerts for the practice had been acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist 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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists and hygiene therapists, where applicable, 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.

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

The dentist and hygiene therapist we spoke with described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 detailed 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 the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals, one to one meetings and during informal staff meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Staff had systems to identify, and where required, refer patients for specialist care when presenting with dental infections.

The provider also had systems 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. A system to provide follow-up on these referrals, to ensure patients received secondary care appointments, was not in place. Staff did not monitor all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

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 professional and friendly. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. 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

Staff 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. If a patient asked for more privacy, staff 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 to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, informing patient's translation service were available.
- Staff communicated with patients in a way that they could understand, and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Staff gave patients clear information to help them make informed choices about their treatment. 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 information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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,

especially with more vulnerable members of society such as patients with dental phobia, and people living with dementia and other long-term conditions.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had made reasonable adjustments for patients with disabilities. These included steps free access, and allocation of the first appointment of morning or afternoon surgery, where waiting time would be kept to a minimum, especially for those patients who were apprehensive about visiting the practice.

A disability access audit had been completed. This required review, which was recognised by the provider.

Timely access to services

Patients could 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 information leaflet and in the practice answer phone message.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive text message reminders for forthcoming appointments. Patients who requested urgent advice or care were offered an appointment the same day. Patients 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's 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 provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The provider had a policy providing guidance to staff on how to handle a complaint. The practice displayed their complaints policy in the reception area, which explained how to make a complaint.

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

The principal dentist 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 had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. In feedback we received ahead of our inspection, we received 45 pieces of positive feedback. We also received seven instances of less favourable feedback. There was no common theme to the less favourable feedback, although this did demonstrate that some way of checking with patients when they leave the practice following treatment, would be helpful. We suggested that any queries or concerns raised by patients verbally, are recorded, in line with the NHS policy for handling complaints, and dealt with as a complaint, if not resolved within 24 hours.

Are services well-led?

Our findings

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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The principal dentist had taken over the practice approximately two and a half years ago. Some of the systems in place were those inherited when the ownership of the practice changed. The principal dentist recognised that some of the governance systems required review.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. The provider had recently taken over the practice, which served the village of Hightown. It was apparent that the provider had considered the needs of the community in this small village and was working to meet those needs through a mixture of NHS and private treatments available.

We saw the provider took effective action to deal with any staff performance issues or concerns.

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 could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Oversight of governance arrangements required review to ensure all staff followed policies correctly, and that audit, safety checks and adherence to policy and procedure was in place. For example:

- The management of infection control audit was not fully effective, as it did not have a statement of any actions required and had not identified issues highlighted by this inspection.
- Some appropriate medicines and life-saving equipment was not available, as described in recognised guidance. Staff were checking items against an outdated list that did not show all recommended equipment and medicines, in line with the Resuscitation Council UK guidance.
- Risk assessments in place, in particular in relation to sharps safety, did not take account of some staff for whom the provider had not confirmed evidence of Hepatitis B immunity. The risk assessment did not take account of the provider's decision to not use safer sharps devices, for example, by continuing to let nurses dismantle sharps.
- Our review of provider records showed they did not hold evidence of all required recruitment checks.
- There was no clear system in place to monitor referrals of patients to specialist or secondary care.
- Oversight of staff training required improvement.
- The Legionella assessment for the practice required updating due to changes in the water heating systems.
- Clinical waste audits had not been undertaken by the provider.

The principal dentist 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

Are services well-led?

were accessible to all members of staff. Some of these required updating and review as mentioned, and greater oversight was required to ensure all staff observed and followed up to date procedures.

Appropriate and accurate information

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

The provider 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

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

The provider used patient surveys to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, in relation to the opening times of the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw that for the past six months the practice had recorded scores of 90% and more, for patients who would be likely or highly likely to recommend the practice to a family member or friend.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of audits and the resulting action plans and improvements in relation to dental care records and radiographs, but not for infection control audits.

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

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The management of infection control audit was insufficient, as it did not have a statement of any actions required and had not identified issues highlighted by this inspection.• Some of the appropriate medicines and life-saving equipment were not available, as described in recognised guidance. Staff were checking items against an outdated list that did not show all recommended equipment and medicines, in line with the Resuscitation Council UK guidance.• Risk assessments in place, in particular in relation to sharps safety, did not take account of some staff for whom the provider had not confirmed evidence of Hepatitis B immunity. The risk assessment did not take account of the provider's decision to not use safer sharps devices, for example, by continuing to let nurses dismantle sharps.• Our review of staff recruitment files showed they did not hold evidence of all required recruitment checks.• There was no clear system in place to monitor referrals of patients to specialist or secondary care.• The Legionella risk assessment for the practice required updating due to changes in the water heating systems. <p>Regulation 17(1)</p>